

PRV – MediPASS Enrollment Overrides (Via Phone Only)

Purpose:

The purpose of this procedure is to accept MediPASS enrollment overrides from MediPASS providers via the telephone who have enrollment restrictions on their MediPASS Agreements.

Identification of Roles:

Primary Role - The information obtained by Provider Services will be forwarded to both Provider Services Outreach and Member Services for enrollment processing. Once the enrollments are completed by Member Services, they will contact Outreach so the provider MediPASS files can be reset to their original values.

Performance Standards:

N/A

Path of Business Procedure:

Step 1: Provider services receives enrollment request via phone call through the Provider Line

Step 2: Provider must provide the following information:

- a. Provider contact name (who has contacted the IME?)
- b. Provider name (must be provider's name and not the group name)
- c. National Provider Identifier (NPI) (must be enrolled in MediPASS)
- d. Name and Member Identification number (ID) for each member to be enrolled

Step 3: Verification of Provider (Enter into OnBase Workview)

- a. Verify NPI
- b. Obtain contact name
- c. Obtain contact phone number

Step 4: Determine Reason for call

- a. Claim Status
- b. Eligibility
- c. Service Limits
- d. MediPASS
- e. Inquiry

Step 5: Preliminary MediPASS Override Setup - Follow this process if the provider is requesting a change to a member's managed healthcare provider.

- a. Obtain and enter provider and member information into File 9 of the Medicaid Management information System (MMIS)
- b. Enter the MediPASS provider number that the member will be changed to
- c. Go to F3 (File 9) to verify that the provider is enrolled in MediPASS Program
- d. Make sure that the provider's panel has a restriction (max, age, sex, closed, county).

1. If there is no restriction, then advise the provider to have the member call Member Services (800-338-8366 or 515-256-4606). Do not complete the override form.
- e. Enter the member's ID number into File 16
 1. In section 1, enter the member's ID. Verify the member is in open enrollment. If it is not in open enrollment, then after completing override form (Step 6), have the provider advise the member to call Member Services before the enrollment can be completed.

Step 6: Complete MediPASS Enrollment Override Form

- a. During the phone call, choose MediPASS Override Task Button.
- b. Provider name, legacy, NPI, Callers Name, Member ID will auto populate.
- c. Click the verify button, MediPASS Validation window will appear
- d. Make sure "MediPASS:" has a Y; if an N appears then the provider number must be corrected.
- e. Continue to add the Member IDs for additional members
- f. Complete the following boxes for each member:
 1. Case number
 2. Member's county of residence
 3. Open or closed enrollment status
 - J Always open
 - F May be open or closed. Check against open dates on MMIS.
 - G May be open or closed. Check against open dates on MMIS.
 - K No provider service action needed. Member will not have MediPass
 - L No provider service action needed. Member will not have MediPass.
Lock-In member
 - R No provider service action needed. Member Service will take care of this.
- g. Click Submit.

Step 7: Provider Services staff will communicate to the provider contact that the information will be forwarded for enrollment.

- a. Those members in open enrollment will be updated within several days.
- b. Those members in closed enrollment must communicate with Member Services before any further action can be taken. The E-form will be forward to Member Services for completion.

Step 8: End Call

- a. Resolve provider's question
- b. Disconnect the call

Step 9: Outreach staff will review E-forms for accuracy. This step can be done periodically throughout the day. This step must be completed daily.

- a. Outreach staff will review each transmitted E-form in the OnBase queue IME – MediPASS Enrollment Verification.
- b. Each form is reviewed for two pieces of information:
 1. Is the legacy provider number enrolled in MediPASS? Use the "Verify" button.
 2. Is the member in open or closed enrollment? Use screen 16 of MMIS.
- c. Forms that are not correctly completed are returned to the staff person who created the form by using the "Send for Correction" button. A note should be attached that explains the correction to be made.
 1. Once corrected the form will again be submitted through the verification process.

- d. As each form is approved, Outreach staff will forward to the next step by using the "Verification Complete" button.

Step 10: Outreach staff reviews each E-form for restrictions to be altered to allow enrollment.

- a. This step is done once each day, usually in the morning (at about 9:00) after coordination with Member Services. This step will be done repeatedly on Cutoff Day.
- b. In IME-MediPASS/Open Panel queue, staff will determine which restrictions must be altered in MMIS before the enrollment can be done. Restrictions to be reviewed include:
 1. Member maximum vs. current enrollment numbers
 2. Currently members only vs. accepting both current and new members
 3. Sex restriction- F, M, or B (both)
 4. Age restriction
 5. Member's county of residence restriction.
- c. After determining which restrictions need to be altered, staff will update MMIS by altering the restriction to a value that will allow the enrollment.
 1. If member max is reached, then the new max must be greater than the current enrollment.
 2. If only current members are approved, then the value must be altered to 'B'.
 3. Sex restriction would be altered to "B".
 4. Age restriction would be altered to allow the age of the member.
 5. County restrictions would be altered by adding the member's county of residence.

Step 11: Once MMIS has been updated, Outreach staff will forward the form to Member Services by using the "Panel Opened" button.

- a. Member services staff will then perform the enrollments according to their procedures.
- b. If the enrollment is done, the form is then returned to Outreach staff and will appear in the "Close Panel" queue.
- c. If the enrollment could not be completed because additional restrictions need to be altered, the form will be returned to the "Open Panel Corrections" queue.
 1. Outreach staff will then review the form and update MMIS as necessary.
 2. Form will be returned to Member Services by using the "Panel Opened" button.

Step 12: Outreach staff reviews each E-form in "Close Panel" and updates MMIS restrictions.

- a. Staff opens each form in this queue.
- b. The original values as noted on the form are entered into MMIS.
- c. Once completed, staff forwards the form to the next process by using the "Panel Closed" button.
 1. This moves the form to the "Closed Panel Verification" queue.

Step 13: Outreach staff review each E-form in the "Closed Panel Verification" queue.

- a. In this step, staff repeats each step from Step 9 in order to guarantee that each provider panel was reset to the proper restrictions.
 1. If not altered correctly, then staff will correct MMIS with the proper value.
- b. Once completed, staff will use the "Verification Complete" button. This will close this application.

Forms/Reports:

Call Tracking
Quality Assurance Report

RFP References:

N/A

Interfaces:

OnBase
Core - MMIS

Member Services- When members wish to enroll with a MediPASS Patient Manager (PM) who has reached their enrollment limit or does not serve the member's county, Member Services will refer the member back to the PM. The member will ask the PM to accept the member as their MediPASS patient or agree to serve the member's county. The member will instruct the PM to call Provider Services to authorize the enrollment or agree to serve the member's county. Member Services will have captured the enrollment request information in an OnBase Work View record and pended the enrollment because of the aforementioned issues.

Attachments:

Process Map

